

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/762006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2					1	
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
10	9				1	
11	9				1	
12	9				1	
13	9				1	
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25	9				1	
26	9				1	
27	9				1	
28	9				1	
29	9				1	
30	9				1	
31	9				1	
32	9				1	
33	9				1	
34	1				1	
35	1				1	
36	1				1	
37	1				1	
38	1				1	
39	1				1	
40	1				1	
41	1				1	
42	1				1	
43	1				1	
44	1				1	
45	1				1	
46						
47						
48						
49						
50						
TOTAL IND.			2		3	
TOTAL DEP.			31		15	
TOTAL CLAIMS			33		18	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.				2				
TOTAL DEP.				31				
TOTAL CLAIMS				33				